

Your Name:(1) _____
 Your Address: _____
 Your City, State, Zipcode: _____
 Your Home Phone Number: _____
 Your Daytime Phone Number: _____
 Your E-Mail Address: _____
 Maricopa County Case Number: (2) _____
 ATLAS Number: _____

EXPEDITED SERVICES NON-COMPLIANCE REPORT RE:

- (3) ☐ CHILD SUPPORT ☐ SPOUSAL SUPPORT
☐ PARENTING TIME ☐ MEDICAL INSURANCE
☐ UNREIMBURSED MEDICAL & DENTAL EXPENSES

NAMES OF THE PARTIES: (4) _____

JUDGE/COMMISSIONER WHO SIGNED EXPEDITED SERVICES REPORT, RECOMMENDATION
AND ORDER AND DATE SIGNED BY THE COURT: (5) _____

BRIEFLY DESCRIBE THE VIOLATION(S) WHICH OCCURRED: (6) _____

(7) I have ☐ mailed ☐ faxed ☐ hand delivered the ORIGINAL Non-Compliance Report to:
Expedited Services at:

- | | |
|--|--|
| <input type="checkbox"/> 201 W. Jefferson St., 3 rd floor
Phoenix, AZ 85003
Fax: (602) 506 - 5711 | <input type="checkbox"/> 222 E. Javelina, 1 st floor
Mesa, AZ 85210
Fax: (602) 506 – 3272 |
| <input type="checkbox"/> 18380 N. 40 th Street
Phoenix, AZ 85032
Fax (602)372-7918 | <input type="checkbox"/> 14264 W. Tierra Buena Lane
Surprise, AZ 85374
Fax (602)372-9440 |

(8) I have ☐ mailed ☐ faxed ☐ hand delivered a COPY of the Non-Compliance Report to:

Name of other party: _____

Address: _____

Fax # _____

I declare under penalty of perjury that the foregoing information is true and correct.

(9) _____
Date

Signature



Case No. _____

Please note: This form may only be used for open Expedited Services enforcement cases. This means that Expedited Services has been given the authority to monitor your case for compliance with the Court's orders for any or all of the above issues either due to a conference or based on a court referral. Please choose only the option or options that are subject to monitoring by Expedited Services. Action will not be taken if your Expedited Services conference was only to establish or modify child support.



**INSTRUCTIONS TO COMPLETE EXPEDITED SERVICES
NON-COMPLIANCE REPORT**

Match the numbered instructions to the numbers on the Expedited Services Non-Compliance Report. TYPE OR PRINT. USE BLACK INK. Do not submit a Non-Compliance Report BEFORE receiving your copy of the Expedited Services Report, Recommendation and Order.

1. Insert YOUR name, address, home phone number, DAYTIME phone number (the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. or where a message may be left for you), and e-mail address.
2. Insert the Maricopa County case number listed on the Expedited Services Report, Recommendation and Order. This number usually starts with "DR" or "FC". Insert the ATLAS number located on the Expedited Services Report, Recommendation and Order or Stipulation and Order. If there is no ATLAS number on the report and you do not know your ATLAS number, leave blank.
3. Mark the box (es) that indicates the issues contained in the Expedited Services Report, Recommendation and Order or Stipulation and Order for which you are reporting non-compliance.
4. Insert the names of parties.
5. Insert the name of the Judge or Commissioner who signed the Expedited Services Report, Recommendation and Order or Stipulation and Order and the date signed.
6. BRIEFLY describe the violation(s). Attachments to the Non-Compliance Report MAY NOT exceed one (1) double-sided or two (2) single-sided pages. The Non-Compliance Report is a summary and is not intended for lengthy, detailed reports regarding non-compliance.
7. Mark the boxes that indicate how and at which location you provided your original Non-Compliance Report to Expedited Services.
8. Mark the box that indicates how you provided a copy of your Non-Compliance Report to the other party and insert party's name, address and fax number.
9. Sign and date the form.

